

United States District Court

NORTHERN DISTRICT OF CALIFORNIA

LINDA HOLT

v.

SALARY CONTINUANCE AND LONG TERM
DISABILITY PLAN; KAISER FOUNDATION
HEALTH PLAN; KAISER PERMENENTE SALAR

TO: (Name and address of defendant)

Kaiser Foundation Health Plan
Kaiser Foundation Health Plan, Inc.
1 Kaiser Plaza
Oakland, CA 94612

SUMMONS IN A CIVIL CASE

CASE NUMBER: 07-4656 MEG

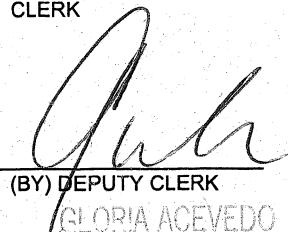
YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Thornton Davidson
The ERISA Law Group
2055 San Joaquin Street
Fresno, CA 93721

an answer to the complaint which is herewith served upon you, within 40 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Richard W. Wiking

CLERK


(BY) DEPUTY CLERK
GLORIA ACEVEDO

SEP 19 2007
DATE _____

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS) ROBERT J. ROSATI ATTORNEY AT LAW ROBERT J. ROSATI - SBN # 112006 2055 SAN JOAQUIN STREET FRESNO, CA 93721-0000 ATTORNEY FOR (NAME) LINDA HOLT		TELEPHONE NO. (559) 256-9800	FOR COURT USE ONLY	
		REFERENCE NUMBER 0G952845-02		
Insert name of court, judicial district or branch court, if any, and post office and street address UNITED STATES DISTRICT COURT,				
SHORT NAME OF CASE LINDA HOLT vs. SALARY CONTINUANCE, ET AL				
PROOF OF SERVICE	HEARING DATE:	TIME:	DEPT/DIV:	CASE NUMBER: 074656MEJ

I am and was on the dates herein mentioned over the age of eighteen years and not a party to this action;

I served the:

SEE ATTACHED LIST OF DOCUMENTS;

Name: KAISER FOUNDATION HEALTH PLAN, KAISER FOUNDATION HEALTH PLAN, INC.

Person Served: JENELLE FLEWELLEN

Title: PERSON AUTHORIZED TO ACCEPT

Date of Delivery: 10/09/07

Time of Delivery: 03:10 pm

Place of Service: 1 KAISER PLAZA
OAKLAND, CA 94612

(Business)

Manner of Service: Personal Service - By Personally Delivering Copies.

In Compliance With: Federal Rules of Civil Procedure



California Code of Civil Procedure

Fee for service: \$ 27.75

JUDICIAL COUNCIL FORM, RULE #982 (A)(23)



Registered: ALAMEDA County,

Number:



Attorney's Diversified Services
2421 Mendocino Avenue, #200A
SANTA ROSA, CA 95403
(707) 545-5455

I declare under penalty of perjury that the foregoing is true and correct
and that this declaration was executed

on: October 12, 2007
at: Oakland, CA 94610, California.

Signature:

Client File # HOLT VS. SALARY CONTINUANCE PAUL HOLLINS

PROOF OF SERVICE

Title: REGISTERED PROCESS SERVER